

THE REGIONAL AND NATIONAL TRANSFUSION COMMITTEES

TERMS OF REFERENCE

1. BACKGROUND

- 1.1 The National Blood Service Zones have been integrated into the new national management structure for the National Blood Service, and the Zonal Blood User Groups (ZBUGs) have been disbanded. A formal mechanism for interaction of the National Blood Service with blood users needs to be maintained and developed, and it has been proposed that Regional Transfusion Committees should be established.
- 1.2 It has also been proposed that a National Transfusion Committee be established to replace the National Blood User Group (NBUG) along the lines of recommendations by the WHO Blood Safety Unit for a National Committee on the Clinical Use of Blood.
- 1.3 An Interim National Transfusion Committee was set up with the objective of establishing the Hospital, Regional and National Transfusion Committee structure by September 2001. Its membership included the ex-Chairmen and Blood Bank Members of the NBUG/ZBUGs to provide a link with the previous User Group structure.
- 1.4 The primary purpose of this initiative is to promote safe and effective transfusion practice in hospitals in accordance with the HSC 1998/224 'Better Blood Transfusion', which highlighted the essential role of Hospital Transfusion Committees. It is proposed that the National Transfusion Committee will be accountable to the Chief Medical Officer (CMO), and the Chairman appointed by the CMO.
- 1.5 The name of the National Transfusion Committee has not been finalised, but this term will be used throughout this document. One suggestion is the 'CMO's Transfusion Committee'.
- 1.6 A two-way flow of information between Hospital Transfusion Committees and the Regional and National Transfusion Committees is envisaged to encourage good local blood transfusion practice and implement national transfusion guidelines. In addition, the identification of problems in any aspect of blood transfusion including the delivery of services by the National Blood Service remains within the remit of the Regional and National Committees.
- 1.7 It is planned to highlight this initiative at a second CMOs' Seminar on 'Better Blood Transfusion' in October 2001.

THE NATIONAL TRANSFUSION COMMITTEE

2. REMIT

- 2.1 The overall objective is to promote good transfusion practice by providing a framework to:-
 - 2.1.1. Channel information and advice to hospitals and Blood Services on best practice and performance monitoring with the aims of:-
 - Improving the safety of blood transfusion practice
 - Improving the appropriateness of clinical blood transfusion
 - Exploring and facilitating the implementation of methods to reduce the need for allogeneic blood transfusion
 - Listening to and informing patient concerns about blood transfusion
 - Promote the highest quality and consistency in transfusion practice
 - 2.1.2 Consult with national groups developing guidelines in transfusion medicine in order to determine best practice.
 - 2.1.3 Review the performance of the services provided by the National Blood Service.
 - 2.1.4 Identify service development needs, and provide assistance, as required, with the work of the National Commissioning Group and the Blood Stocks Management Scheme.
 - 2.1.5 Identify and respond to patients' perceptions about the provision of transfusion services
 - 2.1.6 Provide advice to the CMO on transfusion practice

3. SCOPE

- 3.1 The National Transfusion Committee will cover the area served by the National Blood Service i.e. England & North Wales.
- 3.2 The National Transfusion Committee should ensure there is close collaboration with similar initiatives in the rest of the United Kingdom and in other countries in the EU.
- 3.3 The scope of the National Transfusion Committee includes the safe and effective use of blood components, blood products and their alternatives, except for specialist areas

such as the treatment of inherited disorders such as haemophilia and immunodeficiencies.

4. MEMBERSHIP

4.1 Representatives to include:-

Royal Colleges	Pathologists, Physicians, Surgeons, Anaesthetists, Obstetricians, Paediatricians & Child Health, Radiologists, General Practitioners, Nurses
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Specialist Societies	British Society for Haematology, British Blood Transfusion Society, British Society of Haemostasis and Thrombosis, Faculty of Accident and Emergency Medicine.
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Other professional organisations	Serious Hazards of Transfusion (SHOT) Scheme, Institute of Biomedical Sciences
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National Blood Service	Medical Director, Director of Diagnostics, Development and Research, Director of Public and Customer Services, Lead Consultant for Hospital Liaison,
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Department of Health

Patient representative from the Royal College of Pathologists Patients' Liaison Group

Chairmen (or alternates) of the Regional Transfusion Committees (no more than 2 representatives from each NHS Region)

5. WORKING ARRANGEMENTS

5.1 It is proposed that the National Transfusion Committee will be accountable to the CMO.

5.2 It is proposed that the Chairman will be appointed by the CMO.

5.3 The term of members will be reviewed annually and renewable for up to 5 years.

5.4 There will be 1-2 meetings of the Committee each year.

5.5 The Committee will elect an Executive Working Group comprising:-

The Chairman of the Committee

5 members of the Committee
2 National Blood Service representatives
1 Patient representative
1 Department of Health representative
Further members may be co-opted as required

- 5.6 It is envisaged that the Executive Working Group will ensure that the momentum of the Committees' activities is maintained between full Committee meetings, and that it will need to meet up to four times each year.
- 5.7 The secretariat for the National Transfusion Committee and Executive Working Group will be provided by the National Blood Service.
- 5.8 Royal Colleges, specialist Societies and other professional organisations should pay the travelling expenses of their representatives in attending main Committee meetings. The National Blood Service will reimburse travelling expenses, according to an agreed formula, of members attending meetings of the Executive Working Group.
- 5.9 The National Transfusion Committee will prepare Annual Reports on progress in achieving its objectives.

6. OUTCOME MEASURES

- 6.1 Demonstrating better performance of the clinical transfusion process e.g. fewer reports of 'wrong blood to SHOT', reduced morbidity and mortality associated with blood transfusion.
- 6.2 Demonstrating more appropriate use of blood components and blood products i.e. compliance with guidelines for clinical transfusion practice and less variation in the use of blood between clinical teams, Trusts and Regions.
- 6.3 Reporting on performance monitoring of the services provided by the National Blood Service.
- 6.4 Reporting on patients' perceptions about the provision of transfusion services.

7. RELATIONSHIPS WITH OTHER GROUPS

- 7.1 The relationship between the National Transfusion Committee and other groups is shown in the Figure.

THE REGIONAL TRANSFUSION COMMITTEES

8. REMIT

8.1 The overall objective of the Regional Transfusion Committees is to support the activities of Hospital Transfusion Committees, thus enabling the National Transfusion Committee to achieve its aims.

8.2 Specific objectives include the:-

- Promotion of safe and effective blood transfusion practice
- Promotion and dissemination of national guidelines, and support of regional audit
- Promotion of education and training programmes
- Identification of problems in any aspect of blood transfusion including the delivery of services by the National Blood Service and areas where guidance or additional resources are needed
- Promotion of non-clinical hospital liaison activities e.g. the Blood Stocks Management Scheme and interaction with the National Commissioning Group
- Liaison with Regional Offices
- Identify and respond to patients' perceptions about the provision of transfusion services

9. SCOPE

9.1 The Regional Transfusion Committees should reflect the new NHS regions i.e. South East, South West, London, Eastern, West Midlands, Trent, Northern and Yorkshire and North West (see attached map).

9.2 It is recognised that existing Regional Committees such as Regional Haematology Committees are not all working within this framework as yet, and there may need to be an interim period when there is more than one 'Regional' Transfusion Committee within each of the new NHS Regions. If this is the case, it is expected there will be liaison between Committees within Regions. A maximum of 2 representatives from each NHS Region will attend meetings of the National Transfusion Committee.

10. MEMBERSHIP

10.1 The Committee will comprise:-

Representatives from all Hospital Transfusion Committees (including private hospitals)

2 National Blood Service representatives

1 Patient representative

- 1 Representative from the Regional Office
- 1 Representative from the National Transfusion Committee

11. WORKING ARRANGEMENTS

- 11.1 The Regional Transfusion Committees will be accountable to the National Transfusion Committee.
- 11.2 The Chairman of the Regional Transfusion Committees will be elected by the members of each Regional Transfusion Committees from one of the 'users of blood'.
- 11.3 The term of members will be 2 years renewable for another 2 years with the option of an additional 2 years for the Chairman.
- 11.4 There will be up to up to 4 meetings of the Committees each year.
- 11.5 The Committees should maintain good lines of communication with Chairs of Hospital Transfusion Committees.
- 11.6 The Regional Transfusion Committees should elect an Executive Working Group to ensure that the momentum of the Committees' activities is maintained between full Committee meetings, and that it will need to meet up to four times each year.
- 11.7 The Executive Working Group should organise educational meetings for representatives of Hospital Transfusion Committees once or twice a year.
- 11.8 The secretariat for the Committees and Executive Working Groups will be provided by the National Blood Service.
- 11.9 The National Blood Service will reimburse travelling expenses, according to an agreed formula, of members attending meetings of the Executive Working Groups.
- 11.10 The Committees will provide Minutes of their meetings to the National Transfusion Committee.

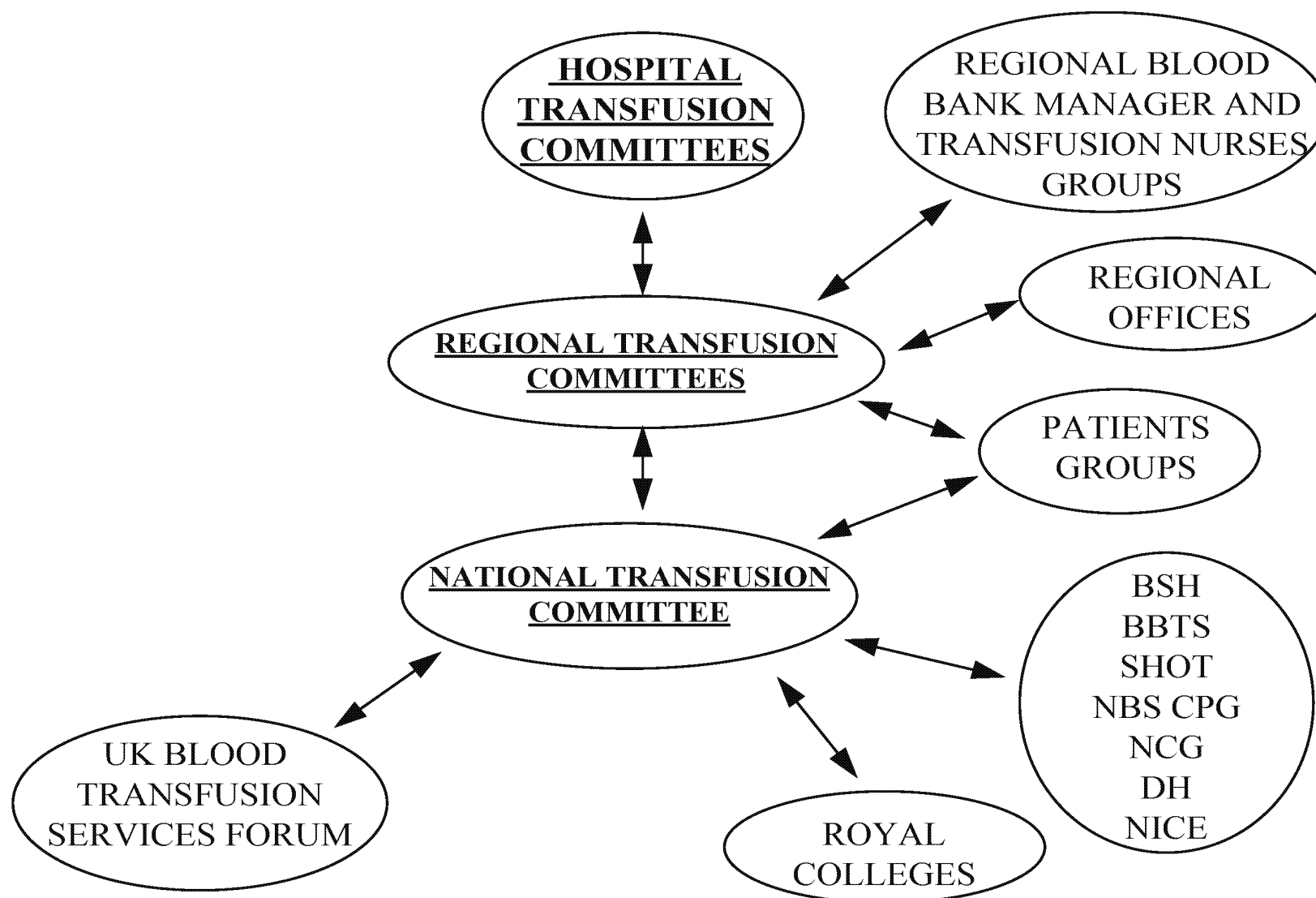
12. OUTCOME MEASURES

- 12.1 Providing data on the transfusion practice of Trusts in the Region
- 12.2 Monitoring and recording transfusion audit on a Regional basis.
- 12.3 Demonstrating Regional education in good transfusion practice.
- 12.4 Reporting on performance monitoring of the services provided by the National Blood Service.
- 12.5 Providing data on patients' perceptions about the provision of transfusion services.

13. RELATIONSHIPS WITH OTHER GROUPS

- 13.1 The relationship between the Regional Transfusion Committees and other groups is shown in the Figure.

Figure showing relationships between Hospital, Regional and National Transfusion Committees and their links with other groups



NHS Executive Regional Office Boundaries from 1 April 1999

